

PRINTED: 02/03/2015  
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## Division of Health Service Regulation

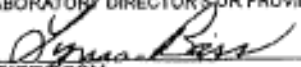
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL013026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/09/2015
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF CONCORD		STREET ADDRESS, CITY, STATE, ZIP CODE 500 PENNY LANE, NE CONCORD, NC 28025		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 1-9-2015.  Records indicate this facility was first licensed or submitted on 10-2-1996, as a Home for the Aged (HA) housing 105 beds which includes a 39 bed Special Care Unit. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 Edition of the North Carolina Building Code(s), Section 409 Institutional Occupancy - Group I, and the 1996 Homes for the Aged and Infirm Minimum Desired Standards in effect at time of initial licensure.  Deficiencies were noted which will require a plan of correction.	C 000	CONSTRUCTION SECTION  MAR 03 2015  RECEIVED	
C 101	Existing Licensed Fac- No less than 71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive,	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

  
 STATE FORM

Business Office Mgr

3/3/15

TT2921

If construction sheet 1 of 6

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C 101	Continued From page 1 Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the locks provided on the exit doors from the Special Care Unit did not meet the Building Code requirements for egress. This facility is equipped with Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings include: The required emergency release switches located at both magnetically locked exit doors were of the locking type. a. All staff interviewed did not carry release switch keys. b. Additionally, most staff were not aware of the function and purpose of the emergency release switches.  2. Based on observation, the fire and smoke damper installed through a smoke barrier wall near the kitchen is equipped with flanges on only one side. Verify that the manufacturer's installation instructions allow installation with only one side flanged.  3. Based on observation and review of documents, the smoke barrier wall on the 1st floor near the kitchen is built across and includes the front door opening of the elevator. The elevator penetrates the smoke barrier wall and also has a back door. The sliding doors of the elevator do not meet the requirements for smoke resistance, which is the purpose of a smoke barrier wall.	C 101  101 (1-a)  101 (1-b)  101 (2)  101 (3)	All staff now have release switch keys  In-service training conducted for all nursing staff  Job completed by outside vendor (Air Repair)  The Concord City Building Inspector is scheduled to visit community the first week of March to review and make course of action recommendation (was delayed due to weather)	1/11/15  1/13/15  1/19/15  n/a

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C 101	Continued From page 2  Contact your local Authority Having Jurisdiction for guidance on re-routing the smoke barrier wall away from the elevator or modifying the elevator to become smoke resisting.	C 101		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, the facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings include: The required exit sign in the BTR near room 230 has the exit arrows pointing in the wrong directions for exiting.	C 166	Exit sign directions corrected	1/10/15
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of	C 185		

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C 185	Continued From page 3  social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on review of documents, the records of fire drill rehearsals did not include enough description of what the rehearsal involved.	185  189 (1-a)  189 (1-b)	Have Implemented revised procedures: will note more detail on fire drill logs beginning March 2015  Repairs completed  Repairs completed	2/27/15  1/12/15  1/12/15
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire-rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the wall in the 1st floor housekeeping closet near the left end of the service corridor. b. Gypsum wallboard joint not sealed with tape and compound in the sprinkler riser room.			

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C 189	Continued From page 4  c. Some fireproofing has fallen off a steel bar joist above the suspended ceiling in the elevator room. d. Hole in the electrical room near room 222. e. Unsealed conduit sleeve in the Activity room in the BTR. f. Unsealed penetration at communication wires above the smoke barrier doors at Community Relations office on 1st floor. g. Holes in smoke barrier wall between Community Relations office and nurse station. h. Unsealed conduit sleeves in smoke barrier wall between Community Relations office and nurse station.  2. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. Door to room 111 will not latch when closed. b. Door to room 126 will not latch when closed. c. Door to 2nd floor Activity room will not latch when closed. d. Door to room 240 will not latch when closed. e. Door to room 241 will not latch when closed.  3. Based on observation, the battery powered emergency light in the kitchen would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the staff.  4. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if	189 (1-c)  189 (1-d)  189 (1-e)  189 (1-f)  189 (1-g)  189 (1-h)  189 (2)  189 (3)  189 (4)	Repairs not yet completed  Repairs completed  Repairs completed  Repairs completed  Repairs completed  Repairs completed  Repairs completed  Repairs completed  Repairs completed	n/a  1/12/15  1/12/15  1/12/15  1/12/15  1/12/15  1/17/15  1/17/15

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C 189	Continued From page 5 cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate in room 131.	C 189		

RE. HA- Biennial Survey

Morningside of Concord

500 Penny Lane, NE

Concord Cabarrus County

FID#960752

HAL1013026

5/1/15

Tag#-c189.1c- As stated on the letter dated 3/13/15 work was to be completed by 3/31/15 and the work has been completed.

  
Starr Noles ED

CONSTRUCTION SECTION  
MAY 01 2015  
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